

Western  
Montana  
Mental Health  
Center -  
Missoula

November 14 & 15

2013

A report of the Site Review Conducted at Western Montana  
Mental Health Center – Group Homes and Outpatient Services in  
Missoula

Mental Disabilities  
Board of Visitors

# OVERVIEW

## Mental Health Facility Reviewed:

Western Montana Mental Health Center – Group Homes  
Missoula, Montana  
Paul Meyer, CEO  
Melinda Mason, Director

## Authority for Review

Montana Code Annotated, 53-21-104

## Purpose of the Review:

1. To learn about Western Montana Mental Health Center (WMMHC) - Missoula Group Home services.
2. To assess the degree to which the services provided by WMMHC are humane, consistent with professional standards, and incorporate BOV standards for mental health services.
3. To recognize excellent services.
4. To make recommendations to WMMHC for enhancing and/or improving services.
5. To report to the Governor regarding the status of services provided by WMMHC.

## BOV Review Team:

### Board

Nancy Morton

### Consultants

Mary Chronister, PhD  
Rosemary Miller, RN

### Staff

LuWaana Johnson, Paralegal/Advocate  
Alicia Pichette, Executive Director

## Review Process:

1. Interviews with WMMHC Staff
2. Observation of treatment activities
3. Review of written descriptions of treatment programs
4. Informal discussions with residents
5. Inspection of physical plant
6. Review of treatment records

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## SUMMARY

This site review of Western Montana Mental Health Center (WMMHC) focused primarily on the residential services at Stephens House, crisis services at Dakota Place and the adult day treatment/ recovery program at Riverhouse including the services provided to residents at Genesis House in Stevensville. The facilities visited appeared clean and well-maintained; furnishings appeared to be in good condition and were not broken. Stephens House does not appear to meet ADA accessibility requirements.

Dakota Place provides short-term residential crisis stabilization with a capacity to serve seven clients. Staff ratio is two staff to seven clients. Shifts are 12 hours long and part-time staff will overlap between day and night shifts when needed. The average length of stay is 4 – 5 days. Staff assigned to Dakota Place receives training specific to crisis stabilization and addressing suicide risk – client safety is a primary concern. Medications are distributed and monitored by a nurse and are self-administered by the client. Clients who have a diagnosis of co-occurring addiction and mental illness (or are using addictive substances when they arrive) are referred to Turning Point - Western Montana Addiction Services or Share House of WMMHC for ongoing treatment when they leave Dakota Place.

Stephens House is a seven bed residential crisis stabilization house for clients who meet specific treatment program requirements. The general intake process for a client to apply for placement at Stevens House includes an invitation for a pre-placement tour, joining the residents at a meal, receiving information about the house rules and expectations, and meeting staff. However this process may not be followed if an individual is transitioning from an inpatient hospitalization. Treatment plans for clients served at Stephens House are developed by a treatment team and focus on recovery; specifically self-care, mental health wellness, living skills, and living in the community. Clients are members of the team and treatment plans include goals identified by the resident.

Menus for Stephens House are chosen by the residents with the assistance of a staff member who has completed training specific to nutritional needs and meal planning. Residents take turns creating a shopping list of ingredients, setting a budget for the meal, shopping for the ingredients, and preparing the dinner meal for the house with assistance from staff if requested. A dietitian at the community health center provides consultations as needed to address special dietary needs of the residents.

Recovery services at Riverhouse, based on the Clubhouse model, are designed to build bridges of stability, promote independence, healthy lifestyles and healthy social relationships. Riverhouse is open Monday through Thursday, 9:15 am through 3:00 pm and serves approximately 50 clients from group homes (Stephens House, Dakota Place, and Genesis House in Stevensville), the community and WMMHC's Mobile Community Treatment (MCT) services – an assertive community treatment program. Riverhouse has a welcoming milieu. Therapeutic activities occur throughout the day and include groups and vocational and pre-vocational opportunities. The kitchen serves a noon meal each day. Monthly menus are posted and clients assist in preparing, serving, and clearing up after the meals. Interactions observed between staff and clients appeared respectful and therapeutic.

Riverhouse has an impressive arts program established several years ago through a grant and today provides art classes to clients. The art supplies and studio/classroom space provided by WMMHC are high quality and so is the work created by the clients who participate in the program. The administration building and Riverhouse serve as a gallery for works created through this art program. Art created by the clients is showcased during an open house in December - the Winter Solstice, Riverhouse is also a stop for Missoula's Spring Art Walk and WMMHC sponsors the Great Bear Apple Out.

The site review team also visited Genesis House in Stevensville. This transitional living eight-bed group home for women is an independent program that has a collaborative relationship with WMMHC through a contract to provide recovery services at Riverhouse. A treatment team meets regularly for each resident and includes WMMHC staff, the group home manager, and the resident. This group home successfully uses a step level system to determine client readiness to transition to more independent living. Generally the levels take a minimum of six months to complete; the average length of stay is about one year. Each resident is responsible for chores, personal laundry and regularly scheduled dinner preparation. This group home has a reputation for consistently providing a quality treatment program for the women who live there.

# Standards for Site Reviews of Mental Health Services

## *Organizational Planning and Quality Improvement*

Western Montana Mental Health Center (WMMHC) creates an annual operational plan by identifying strategic initiatives using information gathered through surveys completed by clients currently receiving services, former clients/family members who have left services, and staff members. Policies and procedures are reviewed and regularly updated based on state and federal rules, regulations and statute changes. Services are expanded, developed, and evaluated for change based on the operational planning process and an assessment of the current economic climate for providing mental health services.

Information about client satisfaction with services is gathered using the Montana Consumer Satisfaction Project at the Addictive and Mental Disorders Division (AMDD) of the Montana Department of Public Health and Human Services (DPHHS). The survey is a random sampling of adults served by public mental health programs across the state with an estimated return rate of 10%. WMMHC uses the information gathered for this report from the individuals served as a quality improvement process to make changes to the services it offers and to develop staff training for improving services. Quality Improvement responsibilities are assigned to an office in the Central Administration offices at WMMHC. A Quality Assurance Report that includes information about demographics of individuals served and services delivered is published each fiscal year.

WMMHC reports that the Electronic Medical Record (EMR) system implementation is progressing with a focus this year on assuring compliance with state and federal guidelines, adding enhancements for managers to support ongoing quality assurance and creating a client portal to expand client access to information about services.

## *Rights Responsibilities and Safety*

BOV observed that posters with contact information for the Mental Health Ombudsman, BOV, and independent advocacy services were posted in the reception areas of the administration offices and in each group home visited.

WMMHC has an easily accessed complaint/grievance process established by policy and procedure in place. Staff interviewed reported that very few grievances rise to the highest level of the process. Problems and complaints are usually resolved to the client's satisfaction before reaching the level of a formal grievance/complaint. Any staff member can assist in filing a formal grievance/complaint, most often a case manager may be called on to provide this assistance. If a grievance/complaint is not resolved through these steps the unresolved grievance/complaint will be forwarded to the Director of the adult services program. In those instances, the resolution of the filed grievance is answered directly to the client. Although staff assists clients with the process they rarely receive information about the outcome if the grievance is resolved at this level. The grievance reporting form carries information about the advocacy services provided by the BOV.

Seclusion and mechanical restraints are not used in the residential programs. All new employees receive Mandt<sup>1</sup> training so they have the tools to skillfully and safely respond to aggressive and other difficult client behaviors. Mandt<sup>2</sup> training is updated annually for all staff. Some staff members have participated in Dialectic Behavioral Training (DBT). In the event of a behavioral emergency, law enforcement is contacted for assistance. Clients experiencing an emergency may be taken to the hospital emergency room where they are evaluated by a Mental Health Professional

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<sup>1</sup> The Mandt System  
<http://www.mandtsystem.com/>

<sup>2</sup> The Mandt System  
<http://www.mandtsystem.com/>

(MHP) to determine if a more restrictive level of service is appropriate or if the individual can return to either the group home, crisis house or their private home.

BOV was provided a copy of the WMMHC policy/procedure for responding to allegations of abuse and/or neglect. Staff in the group homes interviewed was not familiar with the actual policy; however they told BOV they would report any allegation of abuse and/or neglect to a supervisor. Supervisors interviewed were familiar with the reporting process.

WMMHC staff reported to BOV that thirty-one incidents of non-serious injuries were addressed by staff during 2013. Incident reports are discussed by treatment team members during daily staff meetings to determine how to best support staff and clients who were affected by the event. Supervisors and treatment team members immediately respond to reports of serious incidents. Team members review the report to analyze the events leading up to the serious incident to determine how the event might have been prevented and if staff training is needed.

WMMHC follows the requirements of 53-21-107, MCA<sup>3</sup> for reporting and investigating allegations of abuse and neglect of clients. Training is provided for staff about reporting suspected abuse/neglect and clients are offered education about the advocacy role of the BOV. Information about BOV is available and posted.

Clients interviewed at the group homes reported that they are satisfied that WMMHC attempts to provide them access to staff of their own gender when requested.

**Suggestion:**

Consider adding a step to the grievance process to inform staff about the outcome of the grievance and to assure that clients have also received information about the status of the grievance/complaint.

## *Client and Family Member Participation*

Staff interviewed reported that clients are part of the treatment planning process and family members are included/invited with client approval. Clients who want to involve family members sign a release of information (ROI) form to authorize communication between staff and family members about treatment. However, some records reviewed by the team were missing information about client family members/guardians and the parameters for communicating with them and/or including them in treatment. The team observed that some families informally receive information about diagnosis, treatment options, medication and prognosis. They may be directed to programs provided by NAMI, or receive pamphlets with information about mental illness and treatment. Records reviewed by the team did not indicate whether clients/family members who were involved with treatment planning had received copies of the treatment plan.

**Suggestion:**

Periodically update release of information forms signed by the client on a regular schedule and include a copy in the client's chart/record.

Consider establishing a more formalized procedure for informing clients/family members about diagnosis, treatment options, medication, and prognosis; then document this psycho-education in the client's chart/medical record.

## *Cultural Effectiveness*

Although WMMHC does not have a formal Cultural Effectiveness Plan, staff knowledge of cultural, ethnic, social, historical, military, and spiritual issues, including the effect of trauma on individuals receiving mental health treatment appeared appropriate. Education and consultation for all staff regarding American Indian cultural issues is available

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<sup>3</sup> Montana Code Annotated

<http://data.opi.mt.gov/bills/mca/53/21/53-21-107.htm>

from center staff who are Native American and work in offices on or near Indian reservations. WMMHC has a contract with the VA to provide counseling services to veterans. The counselor is a retired military service member and serves as a resource for other staff about military culture and trauma informed care for veterans.

Treatment plans reviewed did have information about cultural, military service, and spiritual issues relevant to the mental health treatment for clients served. Staff interviewed expressed an understanding that trauma informed care is essential to treatment planning. Staff attended a recent 2-day workshop entitled "Social Work Practice with American Indians & Appropriate Cultural Considerations" sponsored by WMMHC.

**Suggestions:**

Consider developing a Cultural Effectiveness Plan that involves the entire organizational structure and all employees using a demographic analysis of the catchment area to reveal areas of emphasis to address.

## *Staff Competence, Training, Supervision, and Relationships with Clients*

### *Competence and Training*

Position descriptions reviewed by BOV defined knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances for each staff position providing services to clients. A written training curriculum is in place for new staff and is focused on achieving optimum knowledge and competence expectations specific to working with people with mental illnesses and emotional disturbances.

Staff interviewed reported that each new employee is required to attend a new employee orientation training for three weeks, which includes Mandt<sup>4</sup> training, and work several days of supervised shifts. Ongoing training includes NAMI-MT Provider Training, Montana Conference on Mental Illness, Mental Health Association Trainings, Department of Public Health and Human Services Trainings, continuing educations offerings at monthly staff meetings, and other professional conferences. Staff is required to complete six hours continuing education units each year.

Professional staff appeared to be well educated their field and reported they pursue continuing education regularly. Supervisors are easily accessible to staff and stay in contact through e-mails, voice mail, chart reviews, and by staffing cases on a regular basis. Supervisors provide training and continuing education for staff during monthly staff meetings.

The outpatient program manager observes staff to client interactions and is available to clients when they want to discuss concerns/complaints about staff and services. Clients interviewed expressed confidence in their ability to openly discuss concerns about the program with the therapists.

BOV observed staff interactions at Riverhouse, Dakota Place and Stevens House. In all settings observed, WMMHC staff appeared to be positive, calm and actively engaged with clients demonstrating proactive, assertive, supportive engagement with clients.

### *Treatment and Support*

#### **General**

A medical history is completed for each new client during the intake interview process. Clients who do not have a regular medical provider are given the phone number to Partnership Health and his case manager will assist a client link with a medical provider. At intake, release forms are signed to authorize WMMHC access to a client's medical records. Intake also highlights any outstanding medical problems on the release form so that the medical provider can address the health issues with the client. Appointments with the psychiatrist or APRN are made as part of the

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<sup>4</sup> The Mandt System  
<http://www.mandtsystem.com/>

admissions process and the waiting time for a client to be seen appeared appropriate to each individual's circumstances. Clients receive phone reminders for pending appointments.

Treatment plans reviewed by BOV were current and included documentation to indicate treatment progress for the goals identified in the plan. Therapists and program managers have regular contact with clients and review treatment plans and goals with clients every 90 days. Staff interviewed reported that clients receive information about their diagnosis, options for treatment, medications and possible prognoses, and contact information for the local chapter of NAMI Montana. BOV observed that education provided to clients about their diagnosis, effect of medications prescribed with possible side effects and prognosis was limited.

Staff identifies trauma informed care as an important component of therapy. Staff interviewed reported that WMMHC supports the physical and emotional safety of both clients and staff and addresses concerns of trauma promptly and effectively. BOV observed staff to client interactions during group settings that appeared to reflect the essence of those guidelines. Staff recently received training about addressing trauma and providing treatment that is trauma informed.

The Recovery Center, connected to WMMHC, is a 16-bed inpatient residential treatment facility. This program provides voluntary chemical dependency treatment through clinical assessment, diagnosis, medication administration and management, and individual/ group counseling for adults who are diagnosed with chemical dependency and related co-occurring psychiatric disorders. WMMHC and the Recovery Center share electronic records for clients receiving services. Clients who need residential level treatment are referred to the Center after a chemical dependency assessment has been completed.

Clients served by WMMHC have access to vocational and pre-vocational training. Clients who participate receive vocational assessments, assistance, and support to access community-based employment programs. WMMHC has also developed an employment program designed to employ seriously disabled clients. The program - *Workers Now* – has created and found employment for more than 30 clients over the past four years. Jobs vary, and include landscape maintenance, building maintenance, document shredding and training to serve as rehabilitation aides. The jobs pay minimum wage and include training to address confidentiality requirements. BOV observed that the documents being destroyed appeared to contain protected health information and noted a possible need for more training and supervision to meet HIPAA<sup>5</sup> guidelines and compliance.

#### Suggestions:

Continue to access SAMHSA-Trauma Informed Care Guidelines and training. Develop trauma informed organizational policies and procedures and trauma informed treatment in all service areas.

Consider expanding access to education about mental illness diagnosis, medications and potential side effects, and prognosis for clients.

#### Recommendations:

Establish a protocol to ensure that clients who are hired to shred confidential documents are sufficiently trained to thoroughly understand confidentiality requirements to meet HIPAA requirements and are properly supervised.

## **Medication**

Staff interviewed reported that new clients receive timely access to a psychiatrist or mid-level practitioner for initial psychiatric assessment and medication is prescribed as needed.

BOV observed that the outpatient medications program appeared well-organized, a locked cabinet contained medications separated for needs, all were labeled with open dates and all medications observed were within the expirations dates allowed. By policy/procedure outdated medications are disposed of in sharps containers. The

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<sup>5</sup> Health Insurance Portability and Accountability Act – US Department of Health and Human Services  
<http://www.hhs.gov/ocr/privacy/>

registered nurse (RN) interviewed at the outpatient program reported that medication errors have not occurred at that office. Under established procedure medication error reports would be sent to the Director.

BOV could not identify a clear procedure for dispensing medication samples by the outpatient program. The RN at the program maintains a written list of clients who receive samples and identifies the sample medications that are dispensed to each client. However, regular inventory of samples is not conducted and sample medications are dispensed to more than one client from multiple containers. Internal controls to account for sample medications kept on hand were not evident and the medication room did not have a list available of the outdated sample medications scheduled for disposal.

In the group homes, some direct care staff interviewed who handle self-medication boxes and are on occasion expected to be able to check if certain medications are in the box reported that they received limited training about the medications, possible side effects and drug interactions. BOV observed that access to controlled substances was not secure in all areas visited.

At Stephens House, a small refrigerator containing controlled substances sat next to a staircase leading from the office/chart room to the living quarters. The refrigerator did not have a lock on it. Staff is not always in the office/chart room and the door was not always locked. On observation the filing cabinets holding all other medications including some controlled substances was not locked. Records reviewed contained reports of missing medications including controlled substances; the last reported occurrence was one month before the site review on October 17<sup>th</sup> 2013.

BOV observed a lack of clear guidelines for addressing the medical/dietary needs of diabetic residents in the group homes visited. A diet program was not available, and a system was not identified for a nurse to check insulin doses for those clients who take insulin. Group home staff report that staff is not trained to address specific needs for diabetic residents; an RN does not regularly visit the homes and is not generally available for consultation, however a doctor is available 'on call' for emergencies.

At Dakota Place, staff interviewed reported receiving training about medications dispensed. Supervisors provide basic information about medications, instructions regarding medication side-effects and the need to monitor for drug interactions. An emergency protocol for addressing medication concerns is in place and staff interviewed described the reporting process. Medications for each client at Dakota Place are kept in locked boxes and in a locked refrigerator in the office which is also locked when not occupied. Unused or expired medications are returned to the outpatient medication office at the Administration building.

The Recovery Center has established guidelines for reporting medication errors and errors are reported on an incident report. By policy and procedure the reporting process includes a training component. The nurse manager reports back to the nurse who made the error and each reported error is considered a learning experience.

The MCT program provides medication services to fifty-three clients in Missoula. Clients receive medication delivery and/or medication prompts twice daily by WMMHC staff either in person or by phone. Some clients receive medications in a locked medication box; for those clients staff is on hand to monitor when the client self-administers the medication. Employees who deliver medications receive training specific to monitoring for side-effects or adverse medication interactions.

**Suggestion:**

Consider providing more training to group home/direct care staff about medication error reporting, medication side-effects, and recognizing and reporting adverse medication interactions.

**Recommendations:**

Develop a procedure for addressing the dietary and medical testing needs for group home residents who have diabetes and train group home staff to monitor correct insulin use.

Institute a process for medication storage and security that assures:

- Controlled substances in group homes are secured at all times,

- Controlled substances not in self-med boxes are accounted for at shift change, with a system in place to record the counting, and
- Storage cabinets and offices in group homes that contain medications are locked when staff is not present.

Review policy/procedure for disposing of unused and expired medications to assure the protocols described in SMARxT DISPOSAL™<sup>6</sup> and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines<sup>7</sup> are consistently met.

## *Access and Entry*

WMMHC services are well known in the region and the program provides services to approximately 1800 clients each year in group homes, crisis services, outpatient services and chemical dependency services. The services are convenient to the community and are linked to primary medical care providers. New clients have timely access to psychiatric assessment and treatment plans are developed within 30 days of admission.

Crisis services are provided through Dakota Place with qualified and experienced staff available at all times - including after regular business hours - to assist clients to enter into WMMHC services.

During intake, clients are asked to sign all releases so staff can speak with family members approved by the client. Staff report that 10% of WMMHC clients have family members involved in treatment and the treatment planning process. WMMHC does not give a formal packet or handbook to clients as part of the admission process, preferring to provide information specific to each individual's diagnosis and service needs. All clients are provided with copies of an informational document about their rights and responsibilities titled: *Mental Health Rights in Montana*, information about HIPAA, an appointment reminder with the appointment day, time, name of the mental health staff who will be at the appointment, and a 24-hour crisis phone number to call if the client should experience an emergency before the appointment day. WMMHC defines client rights and responsibilities, providing verbal and written information to clients and family members during the admission process

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<sup>6</sup>SMARxT Disposal Services

<http://www.smarxtdisposal.net/>

<sup>7</sup> US Food and Drug Administration

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

## RECOMMENDATIONS

1. Develop a procedure for addressing the dietary and medical testing needs for group home residents who have diabetes.
2. Institute a process for medication storage and security that assures:
  - a. Controlled substances in group homes are secured at all times,
  - b. Controlled substances not in self-med boxes are accounted for at shift change, with a system in place to record the counting,
  - c. Storage cabinets and offices in group homes that contain medications are locked when staff is not present.
3. Review policy/procedure for disposing of unused and expired medications to assure the protocols described in SMAR<sub>x</sub>T DISPOSAL<sup>TM</sup><sup>8</sup> and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines<sup>9</sup> are consistently met.
4. Establish a protocol to ensure that clients who are hired to shred confidential documents are sufficiently trained, thoroughly understand confidentiality requirements to meet HIPAA requirements, and are properly supervised.

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<sup>8</sup>SMAR<sub>x</sub>T Disposal Services

<http://www.smarxtdisposal.net/>

<sup>9</sup> US Food and Drug Administration

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

## WMMHC RESPONSE

### 1. **Develop a procedure for addressing the dietary and medical testing needs for group home residents who have diabetes.**

The following process was followed in order to determine good protocol for group home residents with diabetes: Dr. Erbe obtained consultation from Jessica Stonefield RD, a dietician at Missoula Public Health (City-County Health Department) on 2/3/2014. Current dietary and medical testing practices are different for those Type I and Type II diabetics. People with Type I diabetes need to know how to check a blood glucose level and estimate the number of carbohydrates (in grams) so as to adjust the amount of insulin they take. People with Type II diabetes receive better benefit, in her view, by tracking their weight. Weight loss is the most important measurable factor with respect to success in managing Type II diabetes as compared to carbohydrate counting, fat intake counting or counting the total number of calories consumed each day. There may be exceptions these general guidelines in that some patients with Type I or II diabetes may need to keep a food journal to address specific treatment concerns.

A second consultation occurred with Heather Sauro RD at Partnership (258-4127). Ms. Sauro is a diabetic dietician. She says "Gone are the days when it's simply a matter of keeping to an ADA diet and counting calories." Ms. Sauro found it difficult to give general guidelines because "Diabetic care is now so individualized, I can't really make a 'one size fits all' recommendation." She suggested that we get the care plan from the patient's medical doctor and support clients as they try to follow the plan. She also said "Some patients with Type I diabetes do not need to estimate their carbohydrates because they use a sliding scale" and "Some patients with Type II diabetes should check their blood glucose levels because this helps us measure their success with portion control, healthy food choices, eating a balanced diet and maintaining an exercise schedule."

Patients at the Stephen's House Group Home (SHGH) get their own breakfast. They eat lunch at Day Treatment. Dinner is prepared by SHGH residents on a rotating basis with the assistance of staff as needed.

In Adult Services Descriptions<sup>1</sup> there is discussion of patients with insulin dependent diabetes at the crisis house, which is nearly identical to the Stephen's House Medication Policy:

Clients with insulin dependent diabetes, or any other medical condition requiring injections, must be competent in all aspects of monitoring and administration of insulin. Insulin must be stored in an individual refrigerator separate from food. Used needles, syringes and test strips must be disposed of in the sharps and biohazards container. Otherwise, insulin will be treated like any other PRN medication.

Dr. Erbe's commentary as Medical Director: If a diabetic resident is on a calorie specific restriction each day and must conform to a specific proportion of carbohydrate, fat, protein and fiber intake each day, then this is something the resident will need to be able to manage. Dakota Place and SHGH staff do not have the educational background or experience to do this.

The Policy recommendation of the Medical Director would be: Update the Insulin Dependent Diabetes section in the Stephen's House Medication Policies and the Adult Services Description by adding this sentence at the end of the above paragraph: "Clients with diabetes must be competent to adhere to the dietary instructions of the doctor managing their diabetes."

The Procedure recommendation: Dr. Erbe has developed a Screening Questionnaire for Group Home / Dakota Place Applicants with Diabetes (attached) which will help us determine the need for referral to the patient's primary care provider (PCP), PCP's nurse or a dietician/nutritionist. This questionnaire can be done by Dakota Place and Stephen's House staff. It can be incorporated into the checklist conducted at the time of admission. If Dakota Place and Stephen's House staff are uncertain as to the need for the above referrals, then our nurse will review the completed questionnaire, talk to the patient and decide.

**2. Institute a process for medication storage and security that assures:**

- a. Controlled substances in group homes are secured at all times,**
- b. Controlled substances not in self-med boxes are accounted for at shift change, with a system in place to record the counting,**
- c. Storage cabinets and offices in group homes that contain medications are locked when staff is not present.**

Purpose: To insure safe handling and storage of controlled substances.

Procedure: All controlled substances are counted by two persons (i.e. Two staff or one staff and client) then this information is documented on the Controlled Substance Count form.

- Nurse Office: During nursing office hours, controlled substances are counted then dispensed in quantities enough for the week by nursing staff. These meds are given to the house staff if they are staying at the crisis house or the group home. If the client is an outpatient the medications are distributed one week at a time and given to the client per prescriber orders.
- The remainder of the medications not dispensed is stored in a locked cabinet in the nursing office. The initial count, the amount given to the client and the remaining count is all documented on the Controlled Substance Count Form. The counting and signing of this form is done by two staff persons.
- When the client is discharged, and the medication is still prescribed by the prescriber, the medication is counted, and then returned to the client. The count is documented on the Controlled Substance Count Form. The form is zeroed out.
- If the medication is discontinued, the medication is counted then destroyed per policy. This is documented on the Controlled Substance Count Form. The form is then zeroed out.
- The nursing office secures controlled substances by utilizing a two lock system. A locked cabinet and the locked outer door. The outer door is locked when nursing staff is not in the office. Keys to the outer door are held by medical staff and housekeeping. Keys to the locked cabinets are held by medical staff only.
  
- Crisis house /Group home: When the nursing office is closed, or the client comes to the group home/crisis house before coming to the nursing office, a staff person will look up on web site [www.deadiversion.usdoj.gov/schedules](http://www.deadiversion.usdoj.gov/schedules), to see what medications are controlled. Two house staff members will count the controlled substance, document on the Control Substance Count Form, store medication in the locked drawer at the crisis house/group home. When the nursing office is open they will bring the substances to the nursing office.
- The crisis house/ group home staff also utilizes the double lock system. A Locked cabinet and outer door lock. The cabinet is locked. The outer door is locked when no staff person is in the office.
- At every shift change, the controlled substances are counted by two staff members and documented on the Controlled Substance Count Form.
- When medication is dispensed at the houses, the client obtains the medication with staff member present. They will then document when the medication is given, count the remaining medication and document on the Control Substance Count Form.

**3. Review policy/procedure for disposing of unused and expired medications to assure the protocols described in SMAR<sub>x</sub>T DISPOSAL<sup>TM 10</sup> and the Food and Drug Administration with the Office of National Drug Control Policy Guidelines<sup>11</sup> are consistently met.**

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<sup>10</sup>SMAR<sub>x</sub>T Disposal Services

<http://www.smarxtdisposal.net/>

<sup>11</sup> US Food and Drug Administration

<http://www.fda.gov/ForConsumers/ConsumerUpdates/ucm101653.htm>

Two goals in the Office of National Drug Control Policy's 2011 Prescription Drug Abuse Prevention Plan<sup>2</sup> are: 1) to provide individuals with a secure and convenient way to dispose of medications to prevent dispersion and abuse, and to reduce the introduction of drugs into the environment, and 2) for collected prescription drugs to be appropriately disposed of in an environmentally safe manner.

The 2011 Prescription Drug Abuse Prevention Plan says that prescription drugs should be disposed of in sealed plastic bags with filler such as coffee grounds or kitty litter. Certain opioid pain relievers should be flushed as they can pose life-threatening risks from accidental ingestion.

SMARxT Disposal<sup>3</sup> says that prescription solid and liquid medications should be poured into a zip lock bag. A small amount of water should be added to the bag to dissolve the solid pills. Kitty litter, sawdust or coffee grounds should be added to the plastic bag to make the medication less appealing to eat. The bag should then be sealed and thrown in the trash.

The US Food and Drug Administration<sup>4</sup> provides the same guidance as the Office of National Drug Control Policy and SMARxT Disposal above with two additions: 1) a list of Medicines Recommended for Disposal by Flushing (attached) and 2) guidance regarding the disposal of inhalers used by people with asthma and other breathing problems. Inhalers could pose a danger if put into an incinerator. For disposal of inhalers the FDA recommends contacting the local trash and recycling facility. I contacted the local trash and recycling facility, Republic Services (Missoula), and was told that inhalers should be emptied and put into the trash.

At Adult Services in Missoula unused prescription medications are put into a "sharps container" which is also used to dispose of needles. When the sharps container is ready for pick up, it is locked. We have a contract with a medical services provider who picks up the sharps container to site which incinerates the contents. Our disposal of unused medication is secure, prevents dispersion and abuse, and is safe for the environment. Our method of disposal exceeds the requirements of the SMARxT Disposal program, ONDC and FDA.

Our policy and procedure<sup>5</sup> says that:

All outdated or obsolete medications are either returned to the client for disposal or disposed of by LCHP or LPN by either soaking or flushing the medication or through disposal in the sharps container.

Policy Recommendation: I think that we should update the policy to read:

All outdated or obsolete medications will be disposed of by RN or LPN as follows: inhalers will be emptied and thrown into the trash; all other medications will be put into the sharps container and incinerated. Outdated or obsolete medications will not be returned to clients for disposal.

**4. Establish a protocol to ensure that clients who are hired to shred confidential documents are sufficiently trained, thoroughly understand confidentiality requirements to meet HIPAA requirements, and are properly supervised.**

Western Montana Mental Health Center is an Equal Employment Opportunity Employer. As such we have established policies and procedures that affect our hiring practices as well as our training and supervising of all employees. Under Montana law, Western Montana Mental Health Center will not refuse employment to a person, bar a person from employment, or discriminate against a person in compensation or in a term, condition, or privilege of employment because of race, creed, religion, color, or national origin or because of age, physical or mental disability, marital status, gender, or sexual orientation, except when the reasonable demands of the position require an age, physical or mental disability, marital status, or gender distinction.

In 1992, the Missoula office of WMMHC hired a consumer employee, who worked entering client billing information. This person has been a 22 year employee of the mental health center and is a valued employee today. Through the years we have evaluated and revised our personnel policies for all employees. We made the decision that consumer employees bring the same strengths and weaknesses as all employees to the workplace and need to live within the same policy and procedure boundary. As a result, we use the same hiring process, employment application, personnel policy and procedure manual and termination process for all employees. Persons who identify themselves as having “lived experience of mental illness” or as a family member work in all levels of the organization. Some staff identify this information publicly, some do not.

The issue of confidentiality is addressed prominently on pages 5-6 of the personnel policy manual. It is addressed when an employee is initially hired and all employees sign a Commitment to Confidentiality statement. All job descriptions contain statements regarding confidentiality and require staff to follow HIPPA practices. Violation of confidentiality can be grounds for disciplinary action, up to and including termination of employment. It is also thoroughly addressed in SECTION III: HIPAA PRIVACY PRACTICES AND CONFIDENTIALITY: Pages 9-14 of the Clinical Policy Manual.

Worker’s Now employees, who perform shredding are hired, trained and supervised according to these policies. Persons that cannot adhere to the policies, are not trustworthy or require one to one supervision are not able to be placed in shredding positions. By the same standard, janitors are trusted with equipment, locked file cabinets, and even money, without one on one supervision. We have learned that rather than being less careful than the average person off the street, consumers have an intrinsic understanding of confidentiality. It affects them personally and is of value and they appreciate the trust placed in them to do their job.

We feel good about the work done by our Worker’s Now employees. Having all employees adhere to the same set of expectations prepares people to work in any competitive workplace. It also sets a tone for workplace equality and respect.

<sup>1</sup> Adult Services Descriptions, Crisis Stabilization Facility Medication Policy, 12. Insulin Dependent Diabetes, page 112.

<sup>2</sup> Office of National Drug Control Policy

<http://www.whitehouse.gov/ondcp/prescription-drug-abuse>

<sup>3</sup> SMARxT Disposal Services

<http://www.smarxtdisposal.net>

<sup>4</sup> US Food and Drug Administration

[http://www.fda.gov/ForConsumers/Consumer Updates](http://www.fda.gov/ForConsumers/ConsumerUpdates)

<sup>5</sup> Adult Services Descriptions, Medication Management Services, 9. Service Descriptions, paragraph H, page 45.